

**National Medical Supplies Fund**  
**Quality Assurance Department**  
**Details of submitted samples and documents**

**Appendix (1)**

**Name of Local Agent**

No	S. No. in tender book	Item Code	Item Description	Manufacturer	Country of Origin	Copy of Manufacturer's Valid certificate of registration in Sudan	Registration status of product Reg./ Un reg./ Under Reg.	Copy of Product's Valid certificate of registration in Sudan	No. of samples submitted
1									
2									
3									
4									
5									

**\*Remark: Sample must be labeled with Local Agent name, serial No. & Code No.**

**Name of Authorized person by local agent**

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**Telephone NO&Signature** -----

**Date of Submission** -----

**Name of Authorized person by Quality assurance department**

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**Signature** -----

**Date** -----